

Confirmation of Application Receipt

Adolescent Family Life Demonstration Care Program

This Section to be Completed by Applicant:

Name of Project Director:

Telephone:

Name of Contact Person if different from Project Director:

Telephone:

Applicant Organization (name and address):

Department (if applicable):

Your Application was received on this Date:

Your Application Number is:_____

Please refer to this number in future inquiries, correspondence, etc.